

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL Florida PBA Friends of Law Enforcement PAC	<input type="checkbox"/> (Check if name is changed)	2. DATE 11/3/1999
(b) Number and Street Address 300 E. Brevard St	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code Tallahassee, FL 32301		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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1999 NOV -9 P 1:42

## 5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

a. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Florida PBA Inc. State Correctional Chapter	300 E. Brevard St 32301 same	Parent organ. Affiliate

## Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Christi Taylor	300 East Brevard St, Talla. FL 32301	Accnt. Super.

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
David Bruce Murrell	300 East Brevard St Talla. FL	Exec. Dir.

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Capital City Bank	217 N Monroe St, Talla. FL 32301

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER David B. Murrell	SIGNATURE OF TREASURER <i>David Bruce Murrell</i>	DATE 11/3/1999
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAN044

**FEC FORM 1**

(revised 4/87)



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-1

OCT 27 1999

David B. Murrell, Treasurer  
Florida PBA Friends of Law  
Enforcement PAC  
300 E. Brevard Street  
Tallahassee, Florida 32301

Identification Number: C00349639

Reference: Statement of Organization received 10/15/99

Dear Mr. Murrell:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Line 6 indicates that your committee's type of connected organization is a labor organization; however, Line 5(f) states that your committee is not a separate segregated fund. A separate segregated fund is a political committee established, financed, maintained or controlled by a corporation, labor organization, membership organization, cooperative or trade association.

If your committee is a separate segregated fund, an amended Statement of Organization should be submitted which indicates the appropriate Type of Committee on Line 5(e) and identifies the connected organization (11 CFR §102.2(a)(1)(ii)) on Line 6.

If your committee is not a separate segregated fund, then you should not have listed any type of connected organization and should amend your Statement of Organization to clarify this discrepancy. 2 U.S.C. §4339(b) and 11 CFR §102.2(b)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our

toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script that reads "Christine Burkhart".

Christine E. Burkhart

Reports Analyst

Reports Analysis Division

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 11-4-99
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	11-9-99 DATE PREPARED